Certified Payroll Report for Labor Contractors

(See Instructions in Form WH-142)

Name of Contractor:		Address:							
Payroll Period:		Work Done or	Location:				Name of Company if Private or Contract No. if USFS or BLM:		
From to*USFSBLMStatePrivate									
(1) Name and Address	(2) Work Classification	(3) Rate of Pay	(4) Total Hours**	(5) Total Pieces	(6) Equipment Rental	(7) Gross Amount	(8) Withholding Taxes	(9) Other Deductions (Specify purpose and amt)	(10) Net Wages Paid
		ST OT FRINGE	ST OT						
		ST OT FRINGE	ST OT						
		ST OT FRINGE	ST OT						
		ST OT FRINGE	ST OT						
		ST OT FRINGE	ST OT						
		ST OT FRINGE	ST OT						

^{*}_____ First Payroll _____ Mid-Project Payroll _____ Last Payroll (check one) (See Instructions (form WH-142) for due dates of payroll reports.)

^{**} Total Hours must be shown if employee is paid on a piece rate basis

Date:	
	b. WHERE FRINGE BENEFITS ARE PAID IN CASH:
I,,certify (Name of signatory party) (Title)	Each worker listed in the above referenced payroll has been paid,
1. That I pay or supervise the payment of the persons employed by	as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the
; that during the payroll period (Name of licensed contractor)	required fringe benefits as listed in the contract, except as noted in Section 3 (c) below.
commencing on the day of, 20, all persons employed have been paid the full wages earned, that no rebates have	c. EXCEPTIONS
been or will be made either directly or indirectly to or on behalf of from the full wages earned by any person	Exception (craft) Explanation
(Name of licensed contractor) and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as allowed by law.	
2. That the payrolls submitted for the above period are correct and complete; that the wage rates for workers contained therein are not less than the applicable wage rates contained in any wage determination incorporated into any applicable United States Government contract; that the classifications set forth therein for each worker conform with the work performed.	
3. That: (Complete only when the Service Contract Act applies.)	
a. WHERE FRINGE BENEFITS ARE REQUIRED BY A FEDERAL CONTRACT TO BE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS:	Remarks:
In addition to the basic hourly wage rates paid each worker listed in the above reference payroll, payroll, payment of fringe benefits as listed in the contract have been or will be made to the appropriate programs for the benefit of such employees, except as noted in Section 3 (c) below.	Name and Title:
	Signature